

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| <b>Title of<br/>Invention</b>  | System for medical data collection |                 |             |             |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
|--|------------------------------------|-----------------|-------------|-------------|-------------|--------------------|------------------|-----|------|--|---|------------------------|---|------|----|---|---------------------------|--|------|-----|-----|--|--|--|--|--|
| Application Number :<br>Date :<br>First Named Applicant: Dr. Chris Maeda<br>Attorney Docket Number:  |                                    |                 |             |             |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <b>TOTAL FEE AUTHORIZED \$ 530</b><br><br>Patent fees are subject to annual revisions on or about October 1st of each year.  |                                    |                 |             |             |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Filing as small entity<br><br>BASIC FILING FEE   |                                    |                 |             |             |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>  |                                    | Fee Description | Fee Code    | Amount \$   | Fee Paid \$ | Utility Filing Fee | 2001             | 385 | 385  | Subtotal For Basic Filing Fees: \$ 385 |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Fee Description  | Fee Code                           | Amount \$       | Fee Paid \$ |             |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Utility Filing Fee   | 2001                               | 385             | 385         |             |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Subtotal For Basic Filing Fees: \$ 385   |                                    |                 |             |             |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| EXTRA CLAIM FEES   |                                    |                 |             |             |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 4</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td>Multiple Dependent Claims</td><td></td><td>2203</td><td>145</td><td>145</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 145</td></tr></tbody></table> |                                    | Fee Description | Extra Claim | Fee Code    | Amount \$   | Fee Paid \$        | Total Claims : 4 | 0   | 2202 | 9                                      | 0 | Independent Claims : 1 | 0 | 2201 | 43 | 0 | Multiple Dependent Claims |  | 2203 | 145 | 145 | Subtotal For Extra Claims Fees: \$ 145 |  |  |  |  |
| Fee Description  | Extra Claim                        | Fee Code        | Amount \$   | Fee Paid \$ |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Total Claims : 4   | 0                                  | 2202            | 9           | 0           |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Independent Claims : 1   | 0                                  | 2201            | 43          | 0           |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Multiple Dependent Claims  |                                    | 2203            | 145         | 145         |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Subtotal For Extra Claims Fees: \$ 145   |                                    |                 |             |             |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <b>AUTHORIZED BILLING INFORMATION</b><br><b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b><br><br>Credit account number: 5992<br>Expiration Date (YYYYMMDD): 2005-01-31<br>Authorized name: Christopher Maeda<br>Billing address: 03079  |                                    |                 |             |             |             |                    |                  |     |      |  |   |                        |   |      |    |   |                           |  |      |     |     |  |  |  |  |  |